DOCUMENT RESUME

ED 188 071 CG 014 468

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TITLE A Study of Failures of Follow-Through for Initial Mental Health Interviews.
PUB DATE 80
NOTE 13p.; Paper presented at the Annual Convention of the Rocky Mountain Psychological Association (50th, Tucson, AZ, April 9-12, 1980).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Behavioral Science Research; Cost Effectiveness; Decision Making; *Dropout Prevention; *Failure; *Mental Health Clinics; *Organizational Effectiveness; *Participation; Performance; Program Evaluation; Research Projects; Surveys; *Systems Analysis
IDENTIFIERS *Appointment Keeping

ABSTRACT

Mental health center administrators are concerned about persons who contact centers but fail to keep initial appointments. Factors within centers that discourage client follow-through must be identified and changed. Telephone surveys were attempted for 50 such individuals from the youth (N=23) and adult (N=27) team logs of the Weber Mental Health Center in Ogden, Utah. The responses (N=41) were tabulated by month of contact, referral source, respondent's presenting problems, demographic data, helpfulness of initial contact, and reasons for failure to follow-through. The typical follow-through failure appeared to be female, between the ages 31 and 40, referred by a family member, and treated well in initial contact. Reasons for failure to follow-through included cost, family objections, waiting period before the appointment, center location, and transportation problems. Results suggest that: (1) intake workers should be well-trained to deal with emotional callers; (2) appointments made by the agency for a third party should be agreed to by that person; (3) clients should be reminded of appointments through telephone call-backs; and (4) callers concerned over costs should be referred to staff responsible for setting fees. (NRB)

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A STUDY OF FAILURES OF FOLLOW-THROUGH FOR INITIAL MENTAL HEALTH INTERVIEWS

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CG 014468

Paper presented at the Annual Convention of the Rocky Mountain Psychological Association, Tucson, AZ, 1980.

A STUDY OF FAILURES OF FOLLOW-THROUGH FOR INITIAL MENTAL HEALTH INTERVIEWS

I. Need for Study: Each year the Weber Mental Health Center receives a number of contacts from persons requesting services who fail to follow through and meet the initial appointment. There is a cause for concern for this type of contact: Are such follow-through failures related to client or center factors? This survey was conducted to determine the causal factors in prospective clients decision not to keep the original appointment.

II. Definition: For the purposes of this research, a follow-through failure follows: A) a person who contacts the Mental Health Center and requests services; B) at that time an appointment is made , giving the person a specific time and place for their initial contact with a mental health worker, C) failure occurs when the person requesting services either cancels the appointment or fails to arrive for the appointment; and, D) a further criterion is that the person either requests no further contact by the Center or makes no effort to seek a new appointment.

III. Methodology: A list of persons meeting the definition of intake failure was obtained from the Youth and Adult teams logs of incoming calls and appointment schedules. Data was requested for the period January 1, 1979 through June 15, 1979. A total of fifty (50) names were supplied for that period, 23 from the Youth Team and 27 from the Adult Team.

A brief survey instrument calling for demographic, contact ratings, and reasons for the decision to not follow through was developed. The instrument was tested on four (4) persons from the lists using the telephone to make contact. Minor revisions to the survey instrument were made. Telephone calls were attempted to 50 persons on the list.

The initial calling yielding 16 responses. The surveyor then made calls between 5:00 and 7:30 p.m. and increased the number of responses from 16 to 37. Home visits were made to the remaining 13 individuals. An additional four (4) responses were obtained for a total of 41 responses. There were 18 youth team responses and 23 adult team responses. All the reamining nine (9) cases had moved and left no forwarding address and were considered unavailable.

IV. Findings - The following tabular information presents the findings of the survey:

Table #1

Month of contact with the Center (N=41)

MONTH	YOUTH	ADULT	TOTAL
January	5	0*	5
February	5	1	6
March	3	3	6
April	2	8	10
May	3	8	11
June	0*	3	3

*Data not reported for that month

Table #2

Sex of Respondents (N=41)

SEX	YOUTH	ADULT	TOTAL
Female	16	19	35
Male	2	2	4
Couple	0	2	2

Table #3

Marital status of respondents (N=41)

STATUS	YOUTH	ADULT	TOTAL
Married	5	9	14
Never Married	0	3	3
Divorced/annul	11	8	19
Unknown*	2	3	5

*Some confusion exists on couples who live together but are unmarried. These were reported as never married or divorced. Unknown was reserved for persons who failed to respond.

Table #4

Age of respondents (in years) (N=41)

AGE	YOUTH*	ADULT	TOTAL
Under 21	0	3	3
21 - 30	2	10	12
31 - 40	10	5	15
41 - 50	4	2	6
51 plus	2	1	3
Not reported	0	2	2

*Respondents in all cases were parents in the Youth team survey.

Table #5

Age of children* of Youth Team respondents (18 cases reporting including 20 children)

AGE CATEGORIES (in year)	FREQUENCY
Under 8	2
8 - 12	6
13 - 14	2
15 - 16	9

*Children in these cases do not include all family children - only those involved in the program.

Table #6

Sex of children of Youth Team respondents (18 cases reported including 20 children)

SEX OF CHILD	FREQUENCY
Female	12
Male	8

Table #7

Number of respondents working (Adult Team only) (N=23)

WORK STATUS	FREQUENCY
Working	10
Not Working	9
Not Reported*	4

*Students were reported as not working unless they listed a part-time job. Included as Not Reported were two who did not respond and two who were in a transitional stage of employment - just hired, not working, who could not decide how to report.

Table #8

Catchment area location where respondent resides.

AREA	YOUTH	ADULT	TOTAL
Ogden City	15	11	26
Roy	1	7	8
North Ogden	1	1	2
Wash. Terrace	1	2	3
Riverdale	0	1	1
Eden	0	1	1

Table #9

Source of Referral (N=41)

SOURCE	YOUTH	ADULT	TOTAL
General knowledge	3	2	5
Emergency room	1	0	1
D.F.S.	3	2	5
School	3	0	3
Private doctor	2	1	3
Family	1	7	8
Friends	2	2	4
Court	2	1	3
Mental Health Worker	1	1	2
Counselor	0	1	1
Telephone directory	0	5	5
Readmit	0	1	1

Table #10

Respondents rating of courtesy and helpfullness on initial contact with center.

RATING	YOUTH	ADULT	TOTAL
Excellent	3	5	8
Good	10	16	26
Average	3	2	5
Poor	1	0	1
Very Poor	0	0	0
Not Reported	1	0	1

Table #11

Presenting Problem at the time of original contact*. (N=41)

PRESENTING PROBLEM	YOUTH	ADULT	TOTAL
Depression	1	10	11
Marital problems	0	9	9
Rebellion	6	0	6
Illegal acts	4	1	5
Argumentative	3	0	3
Parenting	2	0	2
Motivation	1	0	1
Runaway	1	0	1
Compulsive	1	0	1
Substance abuse	1	0	1
Dependency	1	0	1
Lying	1	0	1
Anxiety	0	1	1
Frustration	0	1	1
Negative self-statement	0	1	1
Alcohol abuse	0	1	1
Anoroxia	0	1	1

*Efforts were made to limit these responses to no more than three problems. The survey instrument asks for a single response. Efforts were made to relate the respondent's answers to the center's problem categories. Where this was not possible the respondent's own terminology was used.

Table #12

Reasons for not coming into service following initial contact*. (N=41)

REASON	YOUTH	ADULT	TOTAL
Cost	4	10	14
A family member objected	4	4	8
Time till appointment	4	1	5
Location of Center	1	3	4
Worker assigned	3	0	3
Transportation	1	4	5
Moved	1	1	2
Improved on own	1	2	3
Working	0	1	1
Runaway (not available)	1	0	1
"Too much baloney"	0	1	1

*Respondents were asked for one or two reasons in an open-ended question. If the respondent gave more than two answers they were asked which factors most influenced their decision. If the respondent still gave three or four problem areas, they were recorded, but no more than four were recorded.

Table #13

Those respondents who sought other forms of counseling for their problem(s). (N=8)

TYPE OF COUNSELING	YOUTH	ADULT	TOTAL
Other Mental Health Professionals	4	2	6
Private doctor	0	1	1
School work and other	1	0	1

Table #14

Rating of respondents presenting problem at the time of follow-up contact.

PROBLEM STATUS	YOUTH	ADULT	TOTAL
Improved	9	7	16
Same	6	8	14
Worse	2	6	8
Not reported	1	2	3

V. Characteristics of nine (9) cases not reported:

Table #15

Month applied:	JAN.	FEB.	MAR.	APRIL	MAY	JUNE
Number of cases:	3	1	1	0	4	0

Table #16

Reasons not included in survey (n=9)

A. No phone listing	9
B. Recently moved	9
C. Unable to locate	9

Table #17

Referral source of nine unavailable cases:

Court	1
D.F.S.	2
Unknown	6

Table #18

Location of residence at time of survey contact (N=9)

Central City	6
Roy	2
Washington Terrace	1

Table #19

Team contacted (N=9)

Youth	3
Adult	6

Table #20

Sex of applicant: (N=9)

Female	8
Male	1

V. Intake Failure Ratio Analysis:

The following is the tabular presentation of the monthly intake failures compared to the total number of intakes for the months January through June:

Table #21

Intake Failure Ratio (N=80)

MONTH	INTAKE FAILURE	INTAKES	RATIO M/I	RATION AS A %
Jan.	14	121	14/121	11.6
Feb.	14	106	14/106	13.2
March	15	151	15/151	9.9
April	11	147	11/147	7.5
May	12	123	12/123	9.8
June	14	85	14/85	16.5

The mean percentages is 11.41 with a standard deviation of 3.1. The correlation between the number of intakes per month and the number of intake failures is -.253

The critical value of this percentage (the mean plus one standard deviation from the mean) is 14.5. It is recommended that careful scrutiny of the intake process be given whenever this ratio exceeds this figure.

VI. FOLLOW-THROUGH FAILURE PROFILE:

Statistically, the "follow-through failure" can be described as a female (88%) between the ages of 31 and 40 (34%) who was referred by a family member, was treated well with initial contact, but who chose not to come in due to cost of service, objection of a friend or family member, length of time to initial appointment, location of center, and/or transportation problems.

VII. RECOMMENDATIONS:

A. In the few instances where respondents thought their initial contact was average or worse, they all reported being in a highly emotional state at the time of the call. They indicated that the intake worker tended to confuse them. Additional training for intake workers dealing with highly emotional callers might be indicated.

B. When an agency such as D.F.S., court, etc., calls for an appointment for someone, the intake worker should talk with the person directly. This reduces the amount of depersonalization and gives the applicant for service a voice to respond to rather than an appointment card.

C. When a caller expresses concern over costs, they should be referred to other appropriate staff or the staff on intake phones should be given more flexibility in discussing and setting fees.

D. Intake workers or assigned therapists may wish to establish a telephone call-back system reminding potential clients of their appointment times.

E. If the appointment is made for a third party (child, husband, boy-friend, etc.) care should be given to assure that the third party has been informed of, and agrees to the appointment before it is finalized.

F. The follow-through failure ratio or percent can now easily be computed for any one month and compared to our known baseline data. It is recommended that the Research Department establish a regular mechanism for receiving follow-through failure data from the teams and develop the appropriate ratio analysis statistic.